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SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not (6-02) required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.



FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL	
OMB Number: 3235-	
0076	
Expires: May 31, 2005	
Estimated average	
burden	
hours per response 1	

SEC	USE ON	NLY
Prefix		Serial
DAT	E RECEI	VED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

THE BUSKER ALLEY LLC

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	A DA	CIC IDENTIFI	CATION DAT	TIVANCIAI
				THOMSON
Type of Filing: [X] New Filing [] Amendment			DEC 1 1 2007
Filing Under (Check box(es) that apply):	[] <u>Rule 504</u>	[] <u>Rule 505</u>	[X] Rule 506	[] Section PROCESSED

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indicate change.)

THE BUSKER ALLEY LLC

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

234 West 44 th Street,	New York.	NY 10036
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(212) 382-3410

Address of Principal Busir Code) (if different from Executive	ness Operations (Number and Street, City, State, Z	(Including Area
Brief Description of Busine	ess	
Production of the music	al play Busker Alley	
Type of Business Organiz	ation	
[] corporation	[] limited partnership, already formed	[X] other (please specify): limited liability company
[] business trust	[] limited partnership, to be formed	
	Month Year	
	of Incorporation or Organization: [0]9] [0]7] on or Organization: (Enter two-letter U.S. Postal Se CN for Canada; FN for other foreign	ervice abbreviation for State:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form.

This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [X] General and/or Managing Partner
Full Name (Last nam	e first, if individual)		
Astrachan, Margot			
Business or Residence	ce Address (Number and Street	, City, State, Zip Co	de)
40 Central Park Sou	ith, New York, NY 10019		
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [X] General and/or Managing Partner
Full Name (Last nam	e first, if individual)		
Blume Media Group	, Ltd.		
Business or Residen	ce Address (Number and Street	, City, State, Zip Co	de)
244 West 44 th Street	t, New York, NY 10019		
Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [X] General and/or Managing Partner
Full Name (Last nam	e first, if individual)		
Hero Theatricals, In	c.		
Business or Residen	ce Address (Number and Street	, City, State, Zip Co	de)

Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer		General and/or Managing Partner	
Full Name (Last nam Kerry, Joanna	e first, if individual))				
Business or Residen 435 East 79 th Street			t, City, State, Zip Cod	le)		
Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[] Executive Officer		General and/or Managing Partner	
Full Name (Last nam Lewis and Fox Cast)		•		
Business or Residen 244 West 54 th Stree			t, City, State, Zip Cod	le)		
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer		Seneral and/or Managing Partner	
Full Name (Last nam	ne first, if individual)				
Business or Residen	ce Address (Numb	er and Street	t, City, State, Zip Coo	ie)		
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	[] Executive Officer		General and/or Managing Partner	
Full Name (Last nam	ne first, if individual)	<u> </u>			
Business or Residen	ce Address (Numb	er and Stree	t, City, State, Zip Coo			
(U	se blank sheet, or	copy and u	se additional copies	s of this sheet, as	necessary.)	
		B. INFORM	MATION ABOUT OF	FERING		
1. Has the issuer sol offering?	d, or does the issu	er intend to s	ell, to non-accredited	l investors in this	Yes No	
0.1411 4: 11		• •	Column 2, if filing und		0450.000	
			pted from any individ		\$ <u>150,000</u> Yes No	<u>!</u>
-	•	_	e unit?		[] [X]	
or indirectly, any con with sales of securiti a broker or dealer re broker or dealer. If m	nmission or similar es in the offering. I gistered with the S nore than five (5) po	remuneration for a person to EC and/or with the ersons to be	who has been or will to be solicitation of pure be listed is an associent a state or states, light a state are associated or that broker or dealer.	rchasers in connect ated person or age ist the name of the persons of such a	tion	

Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	de)			
Name	of Asso	ciated B	Broker or	Dealer								
States	in Whic	h Perso	n Listed	Has Sc	licited or	Intends	to Solici	t Purcha	sers			
(Chec	k "All St	ates" or	check in	dividua	l States)	*******	••••			[] All Sta	tes
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[ТХ]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	ame (La	st name	first, if i	ndividua	al)						•	·
Busin	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)	_	_	
Name	of Asso	ciated B	Broker or	Dealer								
States	in Whic	h Perso	n Listed	Has So	licited or	r Intends	to Solici	it Purcha	sers			
(Chec	k "All St	ates" or	check in	dividua	l States)		••••			[] All Sta	tes
	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

^{1.} Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	p
[] Common [] Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify LLC Interests).	\$ <u>7,500,000</u>	\$ <u> </u>
Total	\$ <u>7,500,000</u>	\$ <u> 0 </u>
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Dollar Amount
	Number Investors	of Purchases
Accredited Investors	0	\$0
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	T	Dollar Amount
Type of offering	Type of Security	Sold
Rule 505	<u>N/A</u>	_\$
Regulation A	N/A	_ \$
Rule 504	<u>N/A</u>	_ \$
Total	N/A	_ \$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees		[]\$ []\$ []\$

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- Question 4.a. This	
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Directors, &	Payments To
Affiliates	Others
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	Officers, Directors, & Affiliates [] \$0 [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ [] \$ []

Signature

Issuer (Print or Type)

Date

The Busker Alley LLC	7	farget N. Whacker.	November 26, 2007
Name of Signer (Print or Type)		Title of Signer (Print or Type)	
Margot Astrachan		a managing member of the issu	ier

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18
U.S.C. 1001.)

E. STATE SIGNATURE					
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No [] [X]				
See Appendix, Column 5, for state response					

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Adamaha.	Date
The Busker Alley LLC	Signature Wastenelian	November 26, 2007
Name of Signer (Print or Type)	Titlé (Print or Type)	
Margot Astrachan	a managing member of the issuer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2		3	4				5	
	Intend to to non-acc investors (Part B-li	credited in State	Type of security and aggregate	an	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited		Yes	No	
AL	103	110		1114031013	Amount	1114031013	7 anount	103	110
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MN	<u> </u>				<u> </u>		<u> </u>		
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http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002

